## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 01, 2007 08:00 AM **DOCUMENT # \$95993 Secretary of State FUNDAMENTAL TECHNOLOGIES CORPORATION** Principal Place of Business Mailing Address P.O BOX 2762 P 0 BOX 2762 LAKELAND, FL 33806 LAKELAND, FL 33806 US 01242007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3098920 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent FOSTER, FRANK M., JR. DO NOT WRITE 2345 BRANDON RD. LAKELAND, FL 33803 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE FOSTER, FRANK M., JR. NAME STREET ADDRESS P.O BOX 2762 U000000616504 CITY-ST-ZIP LAKELAND, FL 33806 02/07/07-80030-021 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP RILE NAME STREET ADDRESS DO NOT WRITE CITY -ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE MAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-7IP

BONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

863 687 21/L

FILED